

GIRL TALK | Mother-Figure 12-Month Follow-up Questionnaire

INTRODUCTION

1. ENTER FIRST NAME OF TEEN: _____
{Use this for pre-fill of (daughter/TEEN)}
2. ENTER TEEN ID NUMBER: _ _ _ _ _
3. RELATIONSHIP OF MOTHER-FIGURE TO TEEN (SELECT ONE):
 01. BIOLOGIC MOTHER
 02. STEP MOTHER
 03. FOSTER MOTHER
 04. GRANDMOTHER
 05. OTHER RELATIVE
 06. NONRELATIVE

SECTION A: BABY

To begin the interview, I'd like to ask you some questions about [TEEN]'s baby.

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 for Q1]

1. **How is [TEEN]'s baby doing? Would you say her baby's health is . . .**
 01. Excellent (SKIP TO Q.3)
 02. Very good (SKIP TO Q.3)
 03. Good (SKIP TO Q.3)
 04. Fair (SKIP TO Q.3)
 05. Poor (SKIP TO Q.3)
 06. BABY DIED
 07. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.3)

[ASK IF BABY DIED (Q1=06)]

2. **What was the cause of her baby's death?**

(Answer Q2 and skip to Section B. Program "the baby" into Q3 below.)

3. **What is her baby's name?** _____ (PROGRAM NAME INTO CAPI)

4. With whom does her baby usually stay at night?

- 01 TEEN ONLY [SKIP TO A6]
- 02 MOTHER-FIGURE ONLY
- 03 TEEN & MOTHER-FIGURE [SKIP TO A6]
- 04 BABY'S FATHER
- 05 PARENTS OF BABY'S FATHER
- 06 OTHER RELATIVE
- 07 FRIEND
- 08 FOSTER PLACEMENT
- 09 ADOPTION [SKIP TO SECTION B]
- 10 OTHER [ASK Q.4sp]

4sp. SPECIFY _____

[IF A4=01 or 03 (TEEN MARKED), SKIP TO A6]

5. How many days per week does [TEEN] usually see the baby?

|____|____| Days per week (LIMIT=0-7)

[IF A4=02 or 03 (MOTHER-FIGURE MARKED), SKIP TO A7]

6. How many days per week do you usually see the baby?

|____|____| Days per week (LIMIT=0-7)

[If A6=0, skip to A8]

7. In a typical week, how many hours do you look after [NAME OF BABY]?

|____|____|____| Hours per week (LIMIT=0-170)

8. In a typical week, how many hours is [NAME OF BABY] looked after by someone other than [TEEN] or you?

|____|____| HOURS/WEEK (1-90)

[SKIP TO SECTION B IF A5 and A6= 0 (BABY NOT IN CONTACT WITH TEEN OR MF)]

9. Does (NAME OF BABY) stay daytimes at [TEEN]'s home or somewhere else?

- 01 Home
- 02 Somewhere else

10. Who takes care of [NAME OF BABY] daytimes most of the week? (MARK ONE)

- 01 TEEN
- 02 MOTHER-FIGURE
- 02 TEEN'S OTHER FAMILY MEMBER
- 03 BABY'S FATHER OR HIS FAMILY
- 04 FRIEND
- 05 HOME DAYCARE
- 06 GROUP DAYCARE
- 07 OTHER (ASK 10sp.)

10sp. SPECIFY: _____

11. Is the baby up to date in receiving immunizations or shots?

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. In the past 12 months, that is since [PROGRAM MONTH+YEAR], how many times has (NAME OF BABY) gone to the emergency room for an injury, such as a fall, burn, or cut?

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.13)

- 12a. For what type(s) of injury did (NAME OF BABY) go to the emergency room? (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12_sp)

12_sp SPECIFY: _____

13. In the past 12 months, how many times has (NAME OF BABY) gone to the emergency room for a sick visit, that is, because he/she was not feeling well?

|____|____| (RANGE 0-20)

SECTION B: MOTHER/GUARDIAN DEMOGRAPHICS

The next few questions are about you and your household.

1. Are you currently in a marriage or serious relationship?

- 01. Yes
- 02. No

2. About how often do you participate in worship services, church meetings, or other religious activities?

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

3. Do you have a long-term illness?

- 01. Yes (ASK 3sp)
- 02. No (SKIP TO 4)

3sp. Specify what type of illness: _____

4. How many months in the last 12 months did you run out of money before the end of the month? Would you say...

- 01. None
- 02. 1 or 2
- 03. More than 2

5. Were there any days in the last 30 days when you had no food because you could not afford it?

- 01. Yes
- 02. No

6. Is Child Protective Services, that is CFSA, working with any household family member?

- 01. Yes
- 02. No **[SKIP TO Q.8]**
[IF REFUSED, SKIP TO Q.8]

7. How is Child Protective Services, that is CFSA, working with your family? Would you say. .
(SELECT ONLY ONE)

- 01. Periodic monitoring,
- 02. Required counseling,
- 03. Investigated and found no cause, or
- 04. Is the case closed?

8. Please give me the ages of your children, other than (TEEN), and tell me if it is a son or daughter.

If Intro Q.3=Grandmother, use this wording: Please give me the ages of your grandchildren or other children who live with you, other than (TEEN), and tell me if it is a grandson or granddaughter. Do not include your own children who live with you.

| 8a. What is the child's age? | 8b. Is this a (grand)son or (grand)daughter? |
|-------------------------------------|-----------------------------------------------------|
| 01. __ __ | 01. Daughter 02. Son |
| 02. __ __ | 01. Daughter 02. Son |
| 03. __ __ | 01. Daughter 02. Son |
| ** ... | |
| 10. __ __ | 01. Daughter 02. Son |

__ MF HAS NO OTHER CHILDREN **[SKIP TO Q.11]**

9. In the last year, have any of your (grand)children younger than 20 years gotten pregnant, or gotten someone pregnant, besides (TEEN)?

01. Yes **[GO TO Q.9a]**

02. No **[SKIP TO 11]**

03. NO OTHER CHILDREN UNDER 20 **[SKIP TO 11]**

[PROGRAMMING NOTE: TABLE APPEARS ON SCREEN IF Q.8=YES]

| Child's age | (grand)son or (grand)daughter | 9a. Which child was this? (PROBE IF NEEDED) |
|-------------|-------------------------------|---------------------------------------------|
| 01. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| 02. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| 03. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| ** ... | | |
| 10. ____ | 01. Daughter 02. Son | 01. yes 02. no |

10. In the last year, have any of your (grand)children younger than 20 years had a baby or are planning to have the baby, besides (TEEN)?

01. Yes **[GO TO Q.10a]**

02. No **[SKIP TO 11]**

03. NO OTHER CHILDREN UNDER 20 **[SKIP TO 11]**

[PROGRAMMING NOTE: TABLE APPEARS ON SCREEN IF Q.10=YES]

| Child's age | (grand)son or (grand)daughter | 10a. Which child was this? (PROBE IF NEEDED) |
|-------------|-------------------------------|----------------------------------------------|
| 01. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| 02. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| 03. ____ | 01. Daughter 02. Son | 01. yes 02. no |
| ** ... | | |
| 10. ____ | 01. Daughter 02. Son | 01. yes 02. no |

11. Is (TEEN) currently living with you?

01. Yes **[SKIP TO Q13]**

02. No

12. How long ago did she move out?

____ # of years

____ # of months

TEEN NEVER LIVED WITH M-F **[SKIP TO Q.15]**

[IF Q.12 >1 year OR 12mo, SKIP TO Q.15]

13. How long has (TEEN) live(d) with you over the past 12 months?

____ # of months

- 14. In the past 12 months, how many times has she moved out? (FI NOTE: ONLY IF MOVED OUT FOR AT LEAST 1 WEEK).**

_____ # times (If Q.14=0, SKIP TO Q16)

- 15. When she moved out, with whom did she live? [ALL THAT APPLY]**

- 01. BOYFRIEND/HUSBAND
- 02. BOYFRIEND/HUSBAND'S PARENTS
- 03. OTHER FAMILY MEMBER
- 04. FRIEND
- 05. ON HER OWN
- 06. OTHER (ASK Q.15sp)

15sp. Specify: _____

[IF Q.11=01 (TEEN CURRENTLY LIVING WITH MF), THEN SKIP TO Q.18]

- 16. In the last 6 months (or since (TEEN) moved out), about how often have you talked to her in person or on the telephone, or sent a letter to her? Would you say...**

- 01. Not at all [SKIP TO Q.18]
- 02. Once or twice
- 03. Several times
- 04. A few times a month
- 05. More than once a week
- 06. Don't know

- 17. In the last 6 months (or since (daughter/TEEN) moved out), about how often has she stayed overnight with you? Would you say...**

- 01. Not at all
- 02. Once or twice
- 03. Several times
- 04. A few times a month
- 05. More than once a week
- 06. Don't know

- 18. Do you have reason to believe that [TEEN] has been pregnant again since [BABY] was born?**

- 01. YES (ASK Q.18a)
- 02. NO (SKIP TO Q.19)
- 03. DON'T KNOW (SKIP TO Q.19)

- 18a. How old was (BABY) when (TEEN) became pregnant again?**

IF BABY DIED ASK: How long after (TEEN)'s delivery did she become pregnant again?

_____ # months

- 18b. What was or will be the outcome of that pregnancy?**

- 01. PLANS TO HAVE BABY/HAD BABY
- 02. MISCARRIAGE
- 03. ABORTION
- 04. DON'T KNOW

| | | |
|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 19. In the last 6 months, that is since (MONTH), have any of these events happened to (TEEN) or people she lived with? | Yes | No |
| a. Expelled or suspended from school | 01 | 02 |
| b. Picked up by the police | 01 | 02 |
| c. Hit or physically hurt someone | 01 | 02 |
| d. Seen physical abuse of people in her family or household | 01 | 02 |
| e. Death of a family member? | 01 | 02 |
| f. Death of a friend? | 01 | 02 |
| g. Family member in jail? | 01 | 02 |
| h. (TEEN)'s current or previous boyfriend went to jail? | 01 | 02 |
| i. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 6 months? | 01 | 02 |
| j. Evicted? | 01 | 02 |
| k. Job loss? | 01 | 02 |
| l. Drug problem in the last 6 months? (IF YES, ASK l_1) | 01 | 02 |
| l_1. And who was that? 01 SELF 02 BIOLOGIC MOTHER (IF NOT M-F) 03 TEEN 04 OTHER | | |
| m. Alcohol or drinking problem in the last 6 months? (IF YES, ASK m_1) | 01 | 02 |
| m_1. And who was that? 01 SELF 02 BIOLOGIC MOTHER (IF NOT M-F) 03 TEEN 04 OTHER | | |
| n. Deeply in debt? | 01 | 02 |
| o. Divorce or separation? | 01 | 02 |

Now I'd like to ask you about family resources.

| | | |
|-----------------------------------------------------------------------|---------|--------|
| 20. In the last 30 days, did (TEEN) or (TEEN)'s child receive: | | |
| a. Medicaid? | 01. Yes | 02. No |
| b. Food stamps? | 01. Yes | 02. No |
| c. TANF? | 01. Yes | 02. No |
| d. WIC? | 01. Yes | 02. No |
| e. Commodity Supplemental Food Program? | 01. Yes | 02. No |
| f. A housing subsidy or public housing/ Section 8? | 01. Yes | 02. No |
| g. Unemployment or worker's compensation? | 01. Yes | 02. No |
| h. Supplemental Security Income (SSI)? | 01. Yes | 02. No |
| i. Social Security or Railroad Retirement? | 01. Yes | 02. No |
| j. Day care vouchers or subsidy? | 01. Yes | 02. No |
| k. Tuition benefits or scholarship through TANF? | 01. Yes | 02. No |

SECTION C: HOUSEHOLD PARENTAL MONITORING

For these next few questions I would like to ask you about your regular activities in the past 6 months, that is since (MONTH).

1. Were you working outside the home for pay in the past 6 months?

- 01. Yes
- 02. No

[IF B12>6 Months, SKIP TO Q5.]

[ASK ONLY IF TEEN LIVING WITH MF IN LAST 6 MONTHS]

If **(TEEN)** is not currently living with you, please think back to the most recent time when she was living with you since (MONTH).

For the following questions please refer to showcard #1.

2. How often were you able to be home with (TEEN) in the afternoons in the past 6 months?

Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

3. How often were you able to be home when (TEEN) went to bed, in the past 6 months?

Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

4. How often were you able to be home when (TEEN) got up, in the past 6 months? Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

5. How many times in a typical week did you eat the evening meal with (daughter/TEEN), in the past 6 months?

_____ # times per week (LIMIT: 0-7)

SECTION D: DRUGS AND ALCOHOL

The next few questions are about alcohol and other drugs.

1. On average, how many days a week do you drink alcohol, such as beer, wine, or liquor?

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 09. Less than once a week

2. On a typical day when you drink, how many drinks do you have?

(READ IF NEEDED: A drink is defined as one 12-ounce bottle of beer or wine cooler, one glass of wine, or 1.5 ounces of distilled spirits.)

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 08. 8
- 09. 9
- 10. 10
- 11. 11
- 12. 12 or more

3. What is the maximum number of drinks you had on any given occasion in the past month?

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 08. 8
- 09. 9
- 10. 10
- 11. 11
- 12. 12 or more

4. In the last 12 months, that is since (MONTH YEAR), how often did you smoke cigarettes? Would you say...
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never
5. Are there any (other) tobacco smokers in your household?
- 01. Yes
 - 02. No
6. Do you have any household rules about where people can smoke?
- 01. Yes
 - 02. No
7. In the last 12 months, how often have you used marijuana? Would you say...
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never
8. In the last 12 months, how often have you used cocaine, crack, or any other drugs such as meth, ecstasy, or oxycontin? Would you say...
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never

| These next few questions are about (TEEN). | 01. Yes | 02. Maybe | 03. No | 04. Don't Know |
|---------------------------------------------------------------------------------------------------------------------|------------|--------------|-----------|-------------------|
| 9. In the last 12 months, that is since (MONTH YEAR), did she use tobacco regularly, that is, once a week or more? | | | | |
| 10. In the last 12 months, did she ever drink beer or alcohol? | | | | |
| 11. In the last 12 months, did she ever use marijuana? | | | | |
| 12. In the last 12 months, did she ever use cocaine, crack, or any other drugs such as meth, ecstasy, or oxycontin? | | | | |
| 13. In the last 12 months, did she ever run away? | | | | |

SECTION E: MOTHER/TEEN RELATIONSHIP & COMMUNICATION

For these questions you may refer to showcard #2. Now think back over the last 3 months, that is since (MONTH).

| | 01. Not at all or Hardly Ever | 02. A Few Times | 03. Sometimes | 04. About once a day | 05. More than once a day |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|------------------|-------------------------|-----------------------------------|
| 1. In a typical week how often did you praise or compliment (TEEN) on things that she did? Would you say... | | | | | |
| 2. In a typical week, how often were you affectionate with (TEEN) such as hugging or kissing? Would you say... | | | | | |
| 3. How often did you have a good time with (TEEN) ? | | | | | |
| 4. How often did you feel close with (TEEN) ? | | | | | |
| 5. Still thinking back to the last 3 months, in a typical week, how often did you feel good about what (TEEN) had done? Would you say... | | | | | |
| 6. In a typical week, how often did you get angry at (TEEN) ? Would you say... | | | | | |
| 7. How often did you criticize or nag (TEEN) ? | | | | | |
| 8. How often did you shout or yell at (TEEN) ? | | | | | |
| 9. How often did you and (TEEN) get into arguments? | | | | | |
| 10. How often did you punish (TEEN) such as taking away her privileges like watching T.V. or talking on the phone? | | | | | |

Now think about the last 3 months, that is since (PROGRAM MONTH).

| 11. In the last 3 months which of the following things have you done with (TEEN) ? | 01 Yes | 02 No |
|---------------------------------------------------------------------------------------------------------------------|-----------|----------|
| [SKIP 11a IF BABY DIED (A1=06) or A4=09 or A5>0 or A6>0] | | |
| a. Spent time together with the baby? | | |
| b. Stayed overnight at your place | | |
| c. Gone shopping? | | |
| d. Gone to a religious service or church-related event? | | |
| e. Talked about someone she's dating? | | |
| f. In the last 3 months, have you and (TEEN) gone to a movie, play, museum, concert, or sports event? | | |
| g. talked about her friends or a party she went to? (NOTE: 'party' means 'getting together socially with friends'.) | | |
| h. had a talk about a personal problem she was having? | | |
| i. had a serious argument about her behavior? | | |

| | | |
|----------------------------------------------------------------------------------------------------------|-------------------|------------------|
| 11. In the last 3 months which of the following things have you done with (TEEN)? | 01 Yes | 02 No |
| j. <u>In the last 3 months</u> , have you and (TEEN) talked about her school work, grades, or education? | | |
| k. worked on a school project or around the house together? | | |
| l. had a vacation together? | | |

For these questions you may refer to showcard #3. Now think about the past 12 months, that is since (PROGRAM DATE). In the past 12 months, how often did you talk with [TEEN] about the following?

| | 01. Never | 02. Rarely | 03. Sometimes | 04. Often |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------------------|----------------------|
| 12. In the past 12 months, how often did you talk with (TEEN) about pressure from peers to join in risky behavior? Would you say... | | | | |
| 13. In the past 12 months, how often did you talk with her about protecting herself from becoming pregnant? Would you say... | | | | |
| 14. How often did you talk with her about specific birth control methods? | | | | |
| 15. ...the time of the month when she most easily could get pregnant? | | | | |
| 16. ...protecting herself from Sexually Transmitted Diseases, STDs, STIs or AIDS? | | | | |
| 17. ...the role of sex in her relationships with boys? | | | | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|-------------------------|----------------------------------|
| For these questions you may refer to showcard #4. Please tell me how much you agree or disagree with each of the following statements about yourself. | 01. Strongly Agree | 02. Agree | 03. Disagree | 04. Strongly Disagree |
| 18. I know enough about sex and birth control to talk about them with (TEEN) . Do you... | | | | |
| 19. It would embarrass (TEEN) to talk to me about sex and birth control. Do you... | | | | |
| 20. It would be difficult for me to explain things if I talked with (TEEN) about sex and birth control. | | | | |
| 21. (TEEN) will get the information somewhere else, so I don't really need to talk to her about sex and birth control. | | | | |
| 22. Talking about birth control with (TEEN) would only encourage her to continue to have sex. | | | | |

23. In the last 12 months have you recommended a specific method of birth control to (TEEN)?

- 01. Yes
- 02. No (SKIP TO Q25)
- 03. RECOMMENDED ABSTINENCE

24. Which birth control methods did you recommend? (MARK ALL THAT APPLY)

- 01. CONDOMS
- 02. BIRTH CONTROL PILLS
- 03. DEPO PROVERA (SHOTS)
- 04. PATCH
- 05. NORPLANT (IMPLANT)
- 06. VAGINAL RING
- 07. VAGINAL SPONGE
- 08. FOAM, JELLY, CREAM, FILM, OR SUPPOSITORIES
- 09. DIAPHRAGM
- 10. IUD
- 11. RHYTHM, SAFE DAYS OF THE MONTH, OR TEMPSAFE
- 12. WITHDRAWAL
- 13. DOUCHING
- 14. ABSTINENCE
- 15. MORNING AFTER PILL
- 16. TUBAL LIGATION
- 17. ANY OTHER METHOD OF BIRTH CONTROL (ASK 24sp)
24sp. SPECIFY: _____

25. Which birth control methods is [teen] currently using? (MARK ALL THAT APPLY)

- 01. CONDOMS
- 02. BIRTH CONTROL PILLS
- 03. DEPO PROVERA (SHOTS)
- 04. PATCH
- 05. NORPLANT (IMPLANT)
- 06. VAGINAL RING
- 07. VAGINAL SPONGE
- 08. FOAM, JELLY, CREAM, FILM, OR SUPPOSITORIES
- 09. DIAPHRAGM
- 10. IUD
- 11. RHYTHM, SAFE DAYS OF THE MONTH, OR TEMPSAFE
- 12. WITHDRAWAL
- 13. DOUCHING
- 14. ABSTINENCE
- 15. MORNING AFTER PILL
- 16. TUBAL LIGATION
- 17. ANY OTHER METHOD OF BIRTH CONTROL (ASK 25sp)
25sp. SPECIFY: _____
- 18. NONE
- 98. DON'T KNOW

26. Does (TEEN) have a boyfriend or husband or partner?

- 01. Yes (ASK Q.26a)
- 02. No (SKIP TO Q27)

26a. How long have they been together?

_____ # months
_____ # years

98. Don't know

26b. Is this (BABY)'s father?

- 01. Yes
- 02. No

27. How do you rate your level of communication with (daughter/TEEN) about sexual issues?

Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

28. How do you rate your communication with (daughter/TEEN) about issues not related to sex?

Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

| For these questions you may refer to showcard #5. How often would it be true for you to make each of the following statements about (TEEN)? | 01. Most of the Time | 02. Some of the Time | 03. Rarely | 04. Never |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------|-----------|
| 29. (TEEN) and you make decisions about her life together. Is that true... | | | | |
| 30. You just do not understand her. Is that true... | | | | |
| 31. You feel you can really trust her. Is that true... | | | | |
| 32. She interferes with your activities. Is that true... | | | | |

SECTION F: MOTHER KNOWLEDGE OF TEEN & MONITORING

| For these questions you may refer to showcard #6. How much do you <u>really</u> know about... | 1. Don't know at all | 2. Know a little | 3. Know pretty much | 4. Know a lot |
|-----------------------------------------------------------------------------------------------|----------------------|------------------|---------------------|---------------|
| 1. who (TEEN)'s female friends are? Would you say you... | | | | |
| 2. who (TEEN)'s male friends are? Would you say you... | | | | |
| 3. how (TEEN) spends her money? | | | | |
| 4. what (TEEN) does with her free time? | | | | |
| 5. when (TEEN) has healthcare visits and whether she goes to them? | | | | |

6. How many of the parents of (TEEN)'s friends have you talked to in the last 3 months, that is since (MONTH)? Would you say...
_____ (LIMIT=0-99)

ASK Q.7 IF B11=YES OR B12=<6 (TEEN LIVES W/ MF or LIVED W/ MF IN PAST 6 MO)
SKIP TO SECTION G IF B12>6 (TEEN HAS NOT LIVED W/ MF IN 6 MO)

For these questions you may refer to showcard #7.

Thinking about the past 6 months, please tell me how often it would be true for you to make each of the following statements. If (TEEN) is not currently living with you, please think back to the most recent time when she was living with you.

| | 01. Never | 02. Rarely | 03. Sometimes | 04. Most of the Time | 05. Always |
|-----------------------------------------------------------------------------------------------------------------|--------------|---------------|------------------|----------------------------|---------------|
| 7. I know where (daughter/TEEN) is after school or afternoons. Is this true... | | | | | |
| 8. If (daughter/TEEN) is going to be home late, she is expected to call and let me know. Is this true... | | | | | |
| 9. (Daughter/TEEN) tells me who she is going to be with before she goes out. | | | | | |
| 10. When (daughter/TEEN) goes out at night, I know where she is. | | | | | |
| 11. I talk with (daughter/TEEN) about the plans she has made with her friends. | | | | | |
| 12. When (daughter/TEEN) goes out, I ask her where she is going. | | | | | |
| 13. When (daughter/TEEN) is not at home, school or at work, I know who she is with. | | | | | |

For the following items you may use showcard #8. Please tell me how much would you say this is like (TEEN).

| How often does (TEEN) ... | 01. Never or rarely | 02. Sometimes | 03. Most of the time | 04. Always |
|-------------------------------------------------------------------------------------|------------------------|------------------|-------------------------|------------|
| 14. do what she says she will do. Would you say ... | | | | |
| 15. do what is asked of her. | | | | |
| 16. budget her money well. | | | | |
| (IF BABY DIED SKIP) | | | | |
| 17. take good care of her baby | | | | |
| 18. discuss her feelings and disagreements without losing her temper | | | | |
| 19. spend time with boyfriends and friends who are a bad influence | | | | |

SECTION G: EDUCATION GOALS FOR TEEN & TEEN'S SCHOOL

1. Has [TEEN] participated in any school or job training programs or courses in the past 12 months, that is since (PROGRAM DATE)? This includes online courses.

(MARK ALL THAT APPLY)

01. Yes, school/GED IF YES à 1a. Is she currently in school/GED? 01. Yes 02. No

02. Yes, job training program

IF YES à 1b. Is she currently in a job training program? 01. Yes 02. No

03. No, neither (SKIP TO Q.7)

2. What kind of school or job training programs or courses (did she participate in/is she participating in)? (MARK ALL THAT APPLY)

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL
- 02 ALTERNATIVE HIGH SCHOOL
- 03 GED PROGRAM
- 04 VOCATIONAL
- 05 COLLEGE
- 06 ONLINE COURSE
- 07 OTHER (ASK 2sp)

2sp. SPECIFY: _____

3. When she completes this training what type of diploma, certificate or degree will she have?

- 01. High school diploma/GED
- 02. Job training certificate **(ASK 3sp)**
- 03. Vocational certificate **(ASK 3sp)**
- 04. Associates Degree (AA)
- 05. Bachelors Degree (BA/BS)

3sp. Specify Type of certificate: _____

4. Did she receive a diploma, certificate or degree in the past 12 months? (PROBE: What type?) (MARK ALL THAT APPLY)

- 01. No
- 02. Yes, high school diploma/GED
- 03. Yes, job training certificate
- 04. Yes, vocational/certificate program
- 05. Associates Degree (AA)

5. Has (TEEN) been in special education classes or special education tutoring in the past 12 months?

- 01. Yes
- 02. No
- 03. Don't Know

6. In the past 12 months, has she had these problems in school?

- | | | |
|------------------------------------|---------|--------|
| a. Failing at least 1 class | 01. Yes | 02. No |
| b. Skipping school | 01. Yes | 02. No |

7. Is she currently working?

- 01. Yes, Full time
- 02. Yes, Part Time
- 03. No

| For these questions you may refer to showcard #9. | 01. Not important at all | 02. Not very important | 03. Somewhat Important | 04. Quite Important | 05. Very Important |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|------------------------|---------------------|--------------------|
| 8. As you think about (TEEN) 's future, how important is or was it to you that she graduate from high school? Would you say... | | | | | |
| 9. How important is it to you that (TEEN) continues her education after high school? Would you say... | | | | | |
| 10. How important is it to you that (TEEN) gets good grades in school? | | | | | |
| 11. How important is it to you that (TEEN) gets a good job or be successful in a career? | | | | | |

For the next few questions you may refer to showcard #10.

12. How likely is it that **(TEEN) will graduate from high school? Would you say...**

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely
- 06. SHE HAS ALREADY GRADUATED FROM HIGH SCHOOL

13. How likely is it that **(TEEN) will continue her education after high school? Would you say...**

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely
- 06. SHE IS ALREADY CONTINUING HER EDUCATION AFTER HIGH SCHOOL

14. As you think about her future, how likely is it that **(TEEN) will get a good job or be successful in a career?**

Would you say...

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely

15. How far do you want **(daughter/TEEN) to go in school?**

Would you say...

- 01. I want her to quit high school before she graduates
- 02. I want her to finish high school but not go on after that
- 03. I want her to go to a trade or vocational school after high school
- 04. I want her to go to college
- 05. I want her to go to a graduate school or professional school after college

| In the past 12 months have you participated in... | 01. Yes | 02. No |
|---------------------------------------------------------------------------------------------------------------------------------|---------|--------|
| 16. a parent/teacher organization or PTA or other program at a school? | | |
| 17. a community organization, such as through church, a sorority, volunteer groups, step team, or other community organization? | | |
| 18. a regularly scheduled social group such as bridge or other card game, sports group or other social group? | | |

19. In the past 12 months have you participated in school fund-raising or done volunteer work at school, such as supervising lunch, chaperoning a field trip, etc?

- 01. Yes
- 02. No
- 03. NO CHILDREN IN SCHOOL

SECTION H: NEIGHBORHOOD

Finally I have a few questions about your present neighborhood.

1. Have you moved in the past 12 months?

- 01. Yes (ASK Q.2)
- 02. No (SKIP TO Q.7)

[SKIP TO H7 IF B11=02 AND B12>6MO (NOT LIVING WITH TEEN and HAS NOT LIVED W/ IN 6 MO)]

| Please tell me whether each of the following statements is true or false about your present neighborhood. | 01. True | 02. False |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| 2. You live in this neighborhood because you can afford better housing here than you could afford in other neighborhoods. Is this true or false? | | |
| 3. You live in this neighborhood because there is less crime in this neighborhood than there is in other neighborhoods. Is this true or false? | | |
| 4. You live in this neighborhood because this neighborhood is close to your friends or relatives. | | |
| 5. You live in this neighborhood because the schools here are better than they are in other neighborhoods. | | |
| 6. You live in this neighborhood because you (or your spouse or partner) were born in this neighborhood. Is this true or false? | | |

7. Do you feel safe in this neighborhood?

- 01. Yes
- 02. No

| | 01. Yes | 02. No | 03. IT DEPENDS |
|-----------------------------------------------------------------------------------------------|---------|--------|----------------|
| 8. If you saw a neighbor's child getting into trouble, would you tell your neighbor about it? | | | |
| 9. If a neighbor saw your child getting into trouble, would your neighbor tell you about it? | | | |

10. Would you like to move away from this neighborhood?

- 01. Yes
- 02. No
- 03. Maybe

Thank you. That is all the questions we have for you today. You will be receiving \$15 in the mail as our appreciation to you. We will contact you again in 12 months.

IF HAVING TROUBLE CONTACTING TEEN:

We would also like to talk with **(TEEN)**.

-I have scheduled a time to talk with her for:_____.
Could you remind (TEEN) to be ready our call at that time?

-I have attempted to contact (TEEN), but am having trouble reaching her.
Do you know how I can best reach her?